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Unusual Cause of Intestinal Obstruction

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Abstract | **Case Report**

Background**:* Intestinal obstruction is a common surgical emergency, but causes unrelated to gastrointestinal pathology are rare. ***Case Report: We report the case of a 34-year-old woman who presented with abdominal pain, vomiting, and cessation of flatus and stool. CT scan showed a large twisted right ovarian mass containing components suggestive of a mature teratoma, entrapping ileal loops and causing a mechanical obstruction. The patient underwent emergency laparotomy with liberation of the bowel and right oophorectomy. Postoperative recovery was uneventful. Histology confirmed a mature cystic teratoma. ***Conclusion**:* This case illustrates an unusual cause of small bowel obstruction and highlights the importance of considering gynecological pathologies in the differential diagnosis of bowel obstruction in women.

Keywords: Small bowel obstruction, Ovarian teratoma, Ovarian torsion, oophorectomy, Case report.

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INTRODUCTION

Small bowel obstruction (SBO) is a frequent cause of acute abdominal pain requiring surgical intervention. Common etiologies include postoperative adhesions, hernias, and neoplasms. However, gynecologic pathologies such as ovarian masses are rarely implicated as causes of bowel obstruction [1,2]. We present a rare case of SBO caused by a twisted mature ovarian teratoma that entrapped ileal loops.

CASE REPORT

A 34-year-old woman with no prior medical or surgical history presented with abdominal pain, vomiting, and absence of bowel movements and flatus for 48 hours. On examination, she was dehydrated, and abdominal inspection revealed significant distension. Palpation was mildly tender without signs of peritonitis. Bowel sounds were diminished.

A contrast-enhanced abdominal CT scan revealed a large right ovarian mass with characteristics of a mature teratoma, including cystic, fatty, and calcified components. The mass was torsed and incorporated several ileal loops, causing mechanical obstruction with proximal bowel distension. Moderate to large-volume ascites was also noted.

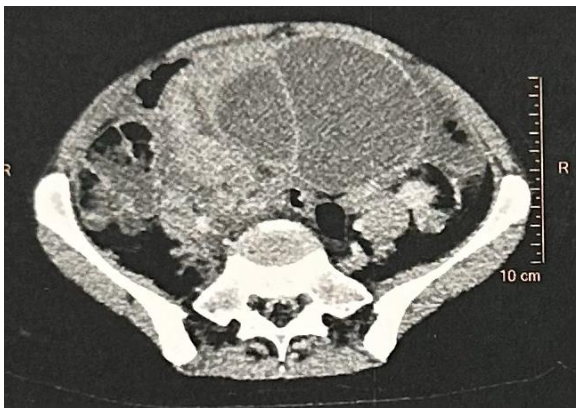


Figure 1: right ovarian masse

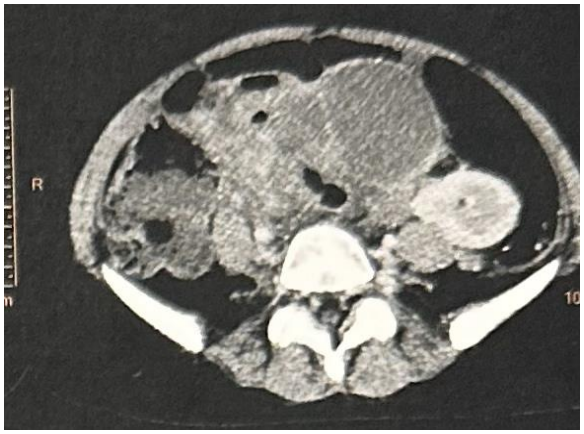


Figure 2: enlarged intestinal loop entraped in the roght ovarian masse

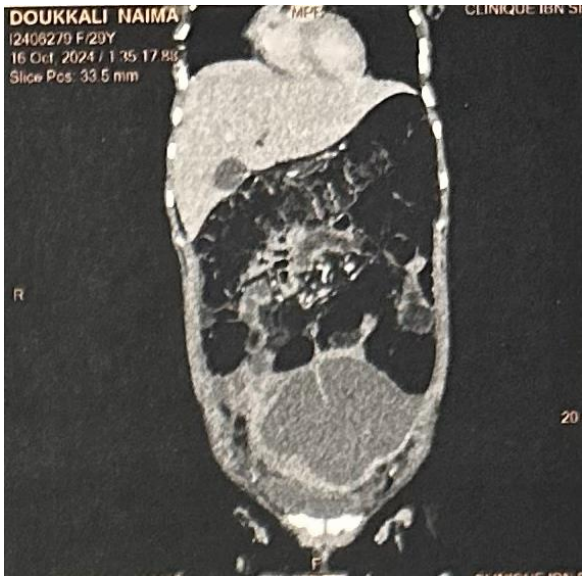


Figure 3 : coronal section showing bowel obstruction with the pelvian masse

Emergency midline laparotomy was performed. Intraoperatively, dilated ileal loops were found entrapped in a twisted right ovarian mass with hemorrhagic content. After gentle release of the bowel, a right oophorectomy was performed. The ascitic fluid and ovarian mass were sent for histopathological examination.

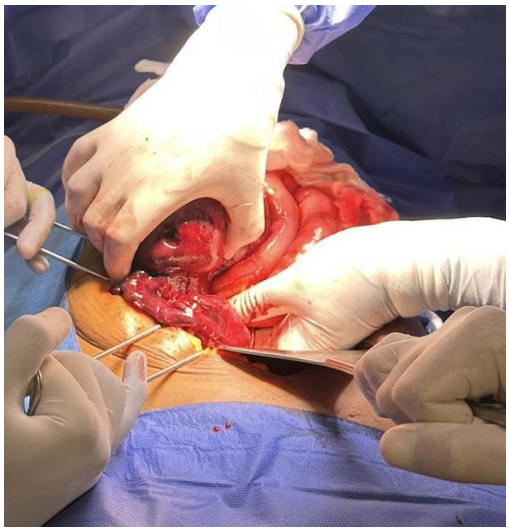


Figure 4: Entrapment of obstructed small bowel to ovarian masse

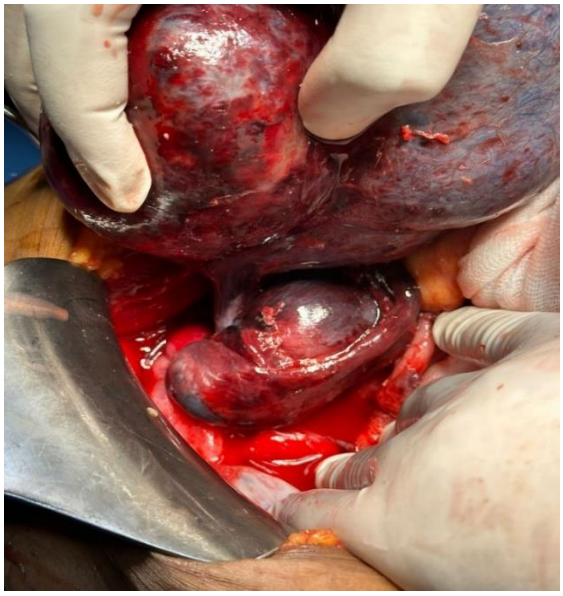


Figure 5: twisted right ovarian teratoma

The patient recovered uneventfully and was discharged on the fourth postoperative day. Histological analysis confirmed a mature cystic teratoma.

DISCUSSION

Ovarian teratomas are the most common benign ovarian tumors in women of reproductive age [3,4]. While complications such as torsion are well known, mechanical bowel obstruction caused by a twisted teratoma involving small bowel loops is extremely rare [1,2,5].

Our case is in line with the few reported in the literature describing intestinal entrapment by ovarian masses. The mechanism is usually related to adnexal torsion incorporating adjacent bowel loops. CT imaging plays a crucial role in diagnosing such rare presentations and guiding appropriate surgical management [3].

This case emphasizes the need to consider extrinsic causes, including gynecological conditions, in the differential diagnosis of SBO, particularly in young women without prior abdominal surgery.

CONCLUSION

This case represents a rare cause of intestinal obstruction secondary to a twisted mature ovarian teratoma involving ileal loops. Awareness of such unusual presentations can broaden the differential diagnosis in SBO and guide timely and appropriate surgical intervention.

Patient Consent

Written informed consent was obtained from the patient for the publication of this case report and any accompanying images.

Ethical Approval

Ethical approval was not required for this single case report in accordance with local regulations.

Competing Interests

The authors declare no conflict of interest.

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REFERENCES

1. Bhandari S, Agrawal A, Bhattarai T, Adhikari S.Mature cystic teratoma of the ovary causing small bowel obstruction : a rare complication. BMJ Case Rep. 2013 ;2013 : bcr2013201383. doi:10.1136/bcr-2013-201383
2. Sahin H, Abdullazade S, Atalay CR. Torsion of an ovarian mature cystic teratoma causing intestinal obstruction : a rare presentation. J Obstet Gynaecol Res. 2014 ;40(2):583–586. doi :10.1111/jog.12244
3. Outwater EK, Siegelman ES, Hunt JL. Ovarian teratomas: tumor types and imaging characteristics. Radiographics. 2001 ;21(2):475–490. doi :10.1148/radiographics.21.2.g01mr13475
4. Koonings PP, Campbell K, Mishell DR Jr, Grimes DA. Relative frequency of primary ovarian neoplasms: a 10-year review. Obstet Gynecol. 1989 ;74(6):921–926.
5. Mayer C, D'Costa H, Akhtar M. Small bowel obstruction due to torsion of ovarian dermoid cyst: A rare cause. Cureus. 2022 ;14(6) : e25996. doi:10.7759/cureus.25996